EXHIBIT E



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Lawyers Professional Liability Insurance Policy Declarations

Darwin Select Insurance Company 1690 New Britain Ave., Suite 101 Farmington, CT 06032 THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE PAYMENT OF CLAIMS EXPENSES REDUCES AND MAY EXHAUST THE LIMIT OF LIABILITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY. Item 1. Name and Mailing Address of Named Insured: Liddle & Robinson, L.L.P. 800 Third Avenue New York, NY 10022 Item 2. Policy Period: Inception Date: August 15, 2014 Expiration Date: August 15, 2015 At 12:014M Standard Time at the Mailing Address shown above Item 3. Limit of Liability (inclusive of Claims Expenses): (a) \$5,000,000 maximum limit of liability per CLAIM (b) \$5,000,000 maximum aggregate limit of liability for all CLAIMS Item 4. Retention: aach and every CLAIM Item 5. Notices required to be given to the Insurer must be addressed to: Darwin Professional Underwriters, Inc. 1690 New Britain Ave., Suite 101 Farmington, CT 06032 Item 6. Premium: Total Premium:	Darwin Na	tional Assuranc	Policy Number: 0309-1617		
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Item 7. Retroactive Date:

Full Prior Acts Coverage Provided

Item 8. Extended Reporting Periods:

- (a) Cancellation or refusal to renew Extended Reporting Period under Section IV(G)(1):
 - 12 Months, Additional Premium: 150% of Annual Premium;
- (b) Non-Practicing Extended Reporting Period under Section IV(G)(2):
 - 36 Months, Additional Premium: \$16,322 per attorney; only available if conditions specified in Section IV(G)(2) are met.

Item 9. Endorsements Attached at Issuance:

- 1. s1006 DSI (03/2012) Service Of Suit
- 2. v1716 (04/2008) Bilateral Extended Reporting Period
- 3. v1795 (06/2006) Amend Selection Of Defense Counsel
- 4. v2045 (10/2011) Supplementary Payments Amendment
- 5. v2094 (10/2007) Fee Disputes Sub-Retention
- 6. V2822 (08/2013) Privacy Liability And Network Risk Coverage

THESE DECLARATIONS, THE POLICY FORM, ANY ENDORSEMENTS AND THE APPLICATION CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE INSURED RELATING TO THIS INSURANCE.

AUTHORIZED SIGNATURE

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.

SECRETARY

PRESIDENT